<b>y</b> 6	1	FOR STATE REGISTRAR	D	EPARTMENT OF	E OF MARYLAND HEALTH AND MENTAL HYD FICATE OF DEATH	GIENE 8   REG. N		6 8	4
e 6.4		ECEASED NAME FIRST	MIDDLE L.	Bi	'A.	20. DATE OF DEATH	10 Z		26. HOUR
1	3. S		4. RACE WHITE	5 DATE		6 AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
at price at the second of the	7a.	BIRTHPLACE ISTATE OR FOREIGN	76. CITIZEN OF WHAT COL	UNTRY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY O	FDEATH	MI
by the filed in a notified in a second secon	10	COCCEMBIA.	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI	IVE STREET ADDRESS	OR OTHER INSTITUTION	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST OF RetiredTr	F WORKING LIFE)	INDUSTRY	BUSINESS OR
within 24 hou letely filled in d 2 should be smiller must be	130.		JNTY 13c,CITY	NCE BEFORE ADMISSION OR TOWN	13d INSIDE CITY LIMITS? YES NO _	13e STREET ADDRESS	DOLEROC	ex asy	1 2/045
ond 2 s	14 1	ATHER'S NAME  AND lateSam		AST	15 MOTHER'S MAIDEN NA	MIDDLE	th	LAST	
on and co		WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GIV	VE THAN ON DATECT	AL SECURITY NO07-9240	Mrs Margaret	Bila 7080 (		ock Wa	У
quires that the deoth ce signed by the attending hen please remave carb to buriol, cremotion, ar jury, or other traumotic	N	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COL	NSEQUENCE OF	HOOVIC COSTINUO NOT RELATED TO THE TERM 1,MAL VISCUS			YK	
N. The low rec systion. Icate hos been reast permit. If Hygiene prior t 18 shows ony in	CERTIFICATION	190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	191/CONDITION FOR	WHICH OPERATIO		200. AUTOPSY?  YES NO RED (ENTER NATURE OF INJUI	IN CERTIFYIN	VERE FINDING NG CAUSES (	GS USED OF DEATH? NO
uG PHYSICIA attending pl atter this certif ther the buriol-th as the buriol-th and Mental orked or Item	MEDICAL	OR CONTRIBUTING COUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINER 27d. IN JURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	The state of the s	N/0 19	211. LOCATION NA	CITY OR TOV	VN.	COUNTY	STATE
ALOR ATTENDING the hospital or IL DIRECTOR: A etached for use to Dept. of Health; if them 21 is may		22a. I certify that (I) (this hosp sow the deceased alve or above, (I) (we) (dat) (did no 22b. SIGNATURE	7 4 47 22	10/8/	nd that in (my) (our) opinion of DEGREE ATTENDING	, to OCT  death occurred an the di  MEDICAL STAI  DIRECTOR PHYSIC	F /		HIGNER
TO HOSPITA retained by TO FUNERA should be de with the Stal		226. PHYSICIAN'S NAME (TYPE O	BEHOUNEK	MP	22e ADDRESS	NTY GENERA	,	1/	///
PP		BURIAL, CREMATION, REMOVAI (SPECIFY) Burial	Oct 26, 198		EMETERY OR CREMATORY	23d. LOCATION CITY OR TO RED	Hook co	New Yo	ork STATE
DHMH - 16 50M 1/76	24. 1	UNERAL DIRECTOR			cott City OC	E REC'D. BY REGISTRAR	AD REGISTRA	P'S SIGNATU	IRE

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0		FOR		DEPARTMENT				4. 0	6	4 0	() 4	ha
	_	REGISTRAR	MI	EDICAL EXAM	IINER'S C		CATE OF D	EATH	REG. NO.			Laci.
		CEASED NAME FIRST		WIDDLE	-40	LAST		20. DATE OF	KNOWN A	WONTH	18 1	76. HOUS
L	1	WILLIAM	B.	05	now,	V		DEATH	MATED		19	M
3.	. SEX	4. RACE	5. DATE OF BIRTH	YEAR LAST B	IN YEARS IF UN		IF UNDER 24 HE	PRONOUN	18	MONTH	DAY YEAR	2d. HOUR
I.	1	TALE BLACK	10 17	A	YRS.	15 DAYS	HOURS MIN	DEAD	NCED	1	19	750
17	a BI	THPLACE (STATE OR SEIGN COUNTRY)	76 CITIZEN OF V		8	ED NEV	ER MARRIED	9. BALTIN	ORE CITY OR	COUNTY	OF DEATH	
	Ma	ryland	U.S.	A .	WIDOW		DIVORCED [	No	wan	C	ounty.	MD.
1	0 CI	Y OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING H	OME, OR OTH	ER INSTITUT	10N 12a. I	USUAL OCCU	PATION (TYPE C		b. KIND OF BU	SINESS
1	El	licott City;	3613 M		rive		Ba	1to.,	Gas &	Elec	tCit	
	JSUA 30. S	L RESIDENCE (IF IN NURSING HOME O	OTHER INSTITUTION,	GIVE RESIDENCE BEFORE AD	MISSION)	had more er			MT	2104	-	City
		ryland Howa		ty Ellic	Offty	13d. INSIDE (I		13 Mt	Ida	Driv	e.Elli	
Ī	4. FA	THER'S NAME					R'S MAIDEN NA	ME				
0	C	harles E	dward	Brown		Car	oline	- A	E .	D	orsey	
1	60. V	AS DECEASED EVER IN U.S. ARA		16b. SOCIAL SEC	JRITY NO.	17. INFORM	MANELLIC	ott C	1409RESS		-	WA
1	(11	S, NO, OR UNKNOWN) (IF YES, GIVE )	VAR OR DATES)	215-12-	2788A	Mrs.			arroll			Ida
F		18. CAUSE OF DEATH (Enter and	y ane cause per lir								APPROXIMATE	INTERVAL
		PART I DEATH WAS CAUSED	BY: (	300-0.		-11	400				BETWEEN ONSET	AND DEATH
		1629 IMMEDIAT	E CAUSE (a)	R AS A CONSEQUEN	CE OF	Cop.						
		Canditians, it any, which	1	01	/							
		gave rise to immediate cause (a) stating the under-	DUE TO O	R AS A CONSEQUEN	CEOE	19	-					
		lying cause last.	1	The A Congo Laboration	CL OI	//				1000		
		PART 2 DTHER SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEAT	H BUT NOT RELATED TO THE	TERMINAL DISEASE	DP CONDITION	CIVEN IN OART 1 (a)					
	N				TERMINAL BIJERJE	OK CONDITION	OLLEN IN LARE 1 (0)					
1	ATIC	19a. DATE OF OPERATION	196 COND	OITION FOR WHICH O	PERATION W	AS PERFORA	MED?				20 AUTOPSY?	
4	FIC										YES 🗍	Nov
	CERTIFICATION	210 EXTERNAL CAUSE WAS	21b. TIME C		21c. HC	OW INJURY	OCCURRED (EN	TER NATURE OF IN.	TURY IN ITEM 18 PAI	RT 1 OR PART 2		NOA
		UNDERLYING OR CONTRIBUTING CAUSE OF D		M. MONTH DAY	EAR							
	MEDICAL	21d. INJURY OCCURRED	21e PLACE	OF INJURY (AT HON		CATION			0.70			
	X	WHILE AT WORK AT WORK	STREET, FA	CTORY, FARM, ETC.)	51	TREET		CITY OR TO	WN	COUNT	Y	STATE
		AT WORK										
		220. I certify that I taak charge	af the remains de	escribed abave, held	an Autops	у Ц,	Inspection L	, Inquiry	U, and	in my apini	an	
		death resulted fram: Natur	al causes .	Accident .	Suicide	, Hamici	ide Un	determined mo	anner,			
		ACTUAL PLAN	x P	0- 11		TITLE (SE	PECIFY)			DATE	10 11	01
-		SIGNATURE / A LUC	1 du	duke	M.	D. Bul	M	EDICAL EXAM	NINER	DATE SIGNED.	10.4-	4/
100		EXAMINER'S NAME (C).	22+	1. /:-	6		DACCC	1	1-8-11	11	B	1
-		(TYPE OR PRINT)	-eu/	LAGIC		ADDRESS_	7055 C	reco	2 PM	Nan	MI	
2	3a.Bl	RIAL, CREMATION, REMOVAL 2			CEMETERY OF		(	LOCATION		COUNTY	ST/	ATE
L			10/8/81	Weste	rn Sta				cimore		y, Mary	land
2	/4. FL	NERAL DIRECTOR		S BALO, Md.	21216		750. DATE REC'D.				MATURE AT	Then
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(TY	REGISTRAR ECEASED NAME (PE OR PRINT)	FIRST		MIDDLE	D	LAST		DATE KNO	TI- IA		AY YEAR	2b. HOUR
3. SE		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTH	YEARS IF U		ER 24 HRS. 2c.	ONOUNCED	M		AY YEAR	24. HOUR 4:45 a. M
7a. 8	OREIGN COUNTRY)		3 6 76. CITIZEN OF W			RIED NEVER MAR	RIED	BALTIMORE	CITY OR C		FDEATH	la.m
	Econsin Laurel		11. NAME OF HO	SPITAL, NURSING HOA ACILITY, GIVE STREET ADDRESS Washington	5)	HER INSTITUTION	120 USUAL	HOW & OCCUPATION OF WORKING L	ON STYPE OF	ounty work 12h	KIND OF BI OR INDUS	MD USINESS IRY
30. S	AL RESIDENCE	(IF IN NURSING HOME OF THE COUNTY HOWA	OR OTHER INSTITUTION, C	DIVERESIDENCE BEFORE ADMIS	SSION)	13d. INSIDE CITY LIMITS?	13°1013	6 Wash	ingto	on Bly	d.	3.48
4. F	ATHER'S NAME	Unk	WIDDLE	LAST		15. MOTHER'S MAI	DEN NAME	Unk. MIDDLE			LAST	
	WAS DECEASED YES, NO, OR UNKNO NO	D EVER IN U.S. ARI	MED FORCES? WAR OR DATES)	394-12-42		James T.	Price		odress uth F	Rd. Ca	мр Бр	rin gs
	PART I DE	ATH WAS CAUSE	D BY: S TE CAUSE (a)	e for (a), (b), and (c).) Smoke Inhal R AS A CONSEQUENCE	_						SETWEEN ONS	T AND DEATH
		stating the under-		R AS A CONSEQUENCE	E OF							
NOIT	PART 2 OTHER SIG	stating the <u>under</u> ise last.	(c)CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TE	RMINAL GISEAS		PART 1 to 1			12	VZQOTIJA 0	2
RTIFICATION	PART 2 OTHER SIG	stating the <u>under</u> - se last.  GNIFICANT (ONDITIONS  OPERATION	ONTRIBUTING TO DEATH	HOUT NOT RELATED TO THE TE	RMINAL DISEAS	VAS PERFORMED?					0. AUTOPSY YES 🔯	? NO 🗆
DICAL CERTIFICATION	PART 2 OTHER SIL	STATION TONDITIONS  OPERATION  AL CAUSE WAS  OR  NG CAUSE OF	CONTRIBUTING TO DEATH  196 COND  216 TIME C HQUR AJ	THE BUT NOT RELATED TO THE TELEPROPERTY OF INJURY M. MONTH PAY YES	ERATION W		RED (ENTER NAT			T I OR PART 2)		
MEDICAL CERTIFICATION	PART 2 OTHER SIG	OPERATION  AL CAUSE WAS OR O	ONTRIBUTING TO GEATH  19h COND  21h TIME C HQUR AJ  DEATH  21e PLACE	BUT NOT RELATED TO THE TE OTTION FOR WHICH OPI OF INJURY M. MONTH, PAY JYE.	ERATION W	VAS PERFORMED?  OW INJURY OCCUR  bject in P	RED (ENTER NAT	ire -		T I OR PART 2)	YES 🔯	
MEDICAL CERTIFICATION	PART 2 OTHER SIGNATE OF 21a. EXTERNA UNDERLYING CONTRIBUTING 21d INJURY COMPANDED TO THE AT WORK ACTUAL	OPERATION  AL CAUSE WAS OPERATION  AL CAUSE WAS OF CAUSE OF  COURRED  NOT WHILE AT WORK  fy that I taak charge	ONTRIBUTING TO DEATH  19h COND  21h TIME C HOUR AA  DEATH  21e PLACE STREET	DE INJURY M. MONTH PAY M. MONTH PAY M. TO FINJURY M. AT HOME.  OF INJURY (AT HOME.	ERATION W	OW INJURY OCCUR bject in h CATION THEEL  TO WASHIR	RED (ENTERNAT	ire -	arson aurel	COUNTY HOTTA	YES 🔯	NO . , Md.
	PART 2 OTHER SIG	OPERATION  AL CAUSE WAS OPERATION  AL CAUSE WAS OF OR  AL CAUSE OF  COURRED  NOT WHILE AT WORK  Ty that I taak chars ed fram:  Natural	DUE TO, OI  (c)  (CONTRIBUTING TO GEATH  19b COND  21b TIME C HQURA  P./  21e PLACE SIRPHON  ge of the remains de ral causes	DE INJURY M. MONTH PAY M. MONTH PAY M. TO FINJURY M. AT HOME.  OF INJURY (AT HOME.	ERATION WERATION WITH SUIT SUIT SUIT SUIT SUIT SUIT SUIT SUIT	OW INJURY OCCUR bject in h DCATION  STEE Washir  DSY XI, Inspect  Hamicide XI  TITLE (SPECIFY)  A.D. ASSISTA	RED (ENTERNATIOUSE for English	ire -	arson aurel	COUNTY HOTTE	YES 🔯	NO . , Md.

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	1.	FOR STATE REGISTRAR		DEPAR	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8   REG. NO	2 6	3 4 5
0.4		EASED NAME FIRST		WIDDLE	r'	IST	20 DATE OF DEATH		EAR 26 HOUR
9,00		Dela			t	ora	Cold	cer 23 19	O DM
ritor. p	1.58	nale	RACE	ck	S. DATE C	BIRTH 23 1981	6 AGE (IN YEARS LAST BIRT		OAYS HOURS MIN
(IMB)	79-811 CC	RTHPLACE (STATE OR FOREIGN		S.A.	MARRIE!	NEVER MARRIED X	BALTIMORE CITY O	R COUNTY OF DEAT	TH
81	0	VORTOWN OF DEATH		CH FACILITY, GIVE STR	EET ADDRESS)	rother institution	120 USUAL OCCUPATION OF WORK FOR MOST ON A	ON F WORKING LIFE) INDUS	IND OF BUSINESS OR STRY N/A
33		AL RESIDENCE (IF NURSING 19 AEC TATE	OR OTHER INSTITUTION	GIVE RESIDENCE BEA		13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 1211 Beau		
2 200	14. F.A	THER'S NAME	MIGGLE	LAST		15 MOTHER'S MAIDEN NA	WE WIDDLE		AAST
100			ELAND	FOR		VERA	ELIZA		POOLE
2			E WAR OR DATES)	166 SOCIAL SE		17. INFORMANT	ADDRE	-	
1	-	NAN	A	MIA		Mrs. Carrol	L Ford	Same as #1	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
poor to burial, cremation cary mains, or other train	CERTIFICATION	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  190 DATE OF OPERATION	conditions <u>co</u>		O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON.  200 AUTOPSY?	DITION GIVEN IN PA	INDINGS USED
100	RIFF	None-			-		YES NO	YES 🗀	NO 🗌
29	CAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21¢ HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PAI	रा 2)
	MEDI	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFIC	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	VN COUNT	Y STATE
i i		220   Certify that (1) (this hasp				ON 23, 1981	, ta	19	, that (I) (we) lost
1. If Bern 2.1		saw the deceased alive published (distribution). The SIGNATURE	a Colo	ofter death		d that in (my) (aur) apinian of DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c. t	DATE SIGNED
APOSTAN		TOLEN C	CHIMINA DAY	ve M	W)	220 ADDRESS	Ity Honse	rel Count	Gen Hogy
1 1 2	23a. B	urial, cremation, remova- pecify) Burial	10/2	9/81	Baltim	metery or crematory ore Cemetery	23d LOCATION CITY OF TOWN Balto.	COUNTY	Md.
5(4))	1	INERAL DIRECTOR	Caton	sville,	Md.	25a. DATI	REC'D. BY REGISTRAR  1981	25 GISTRAD SIC	- Marth

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STATE OF MARYLAND

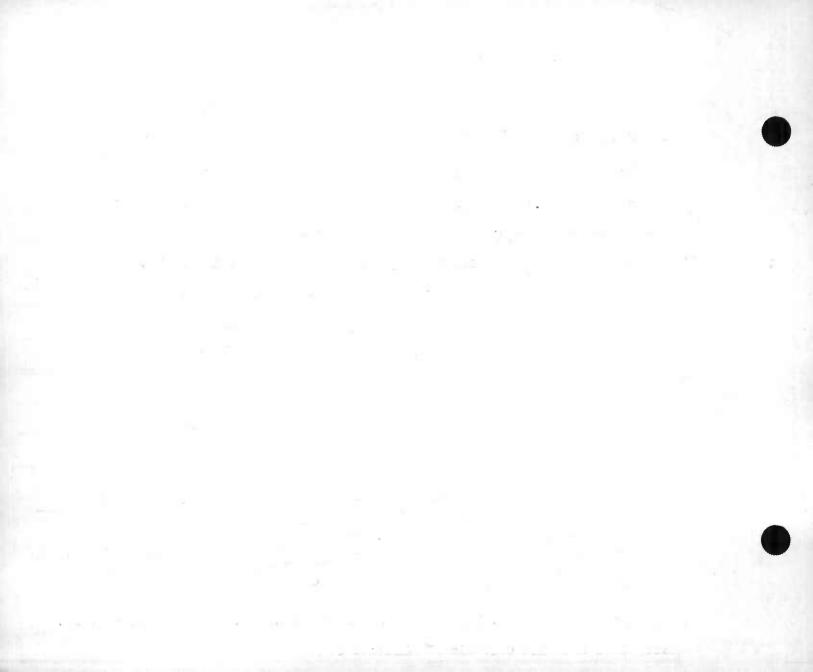
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10	ĺ,	FOR STATE		STA DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG	IENE 8	26848
	L	REGISTRAR		CERTI	FICATE OF DEATH	REG. NO.	
0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1. DE	OR PRINT)	MIDDLE		LAST		ONTH DAY YEAR 26 HOUR
	3. SE	DON	ALd. /VI	I DATE	OF BIRTH	6. AGE LIN YEARS LAST BIRTHD	I CIII A
			Cool	MON	TH DAY YEAR	41	MONTHS DAYS HOURS MIN
A	7a. B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT CO	OUNTRY? B		9. BALTIMORE CITY OR	COUNTY OF DEATH
115		Pennsylvanis	U.S.A.	MARRI	ED NEVER MARRIED L	HowarD	Co. MD. M
31		ITY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION	
1		slumbia	HOWAYD C	ounty (	Frenchal	( NOTE OF THE STATE OF THE STAT	consulting Fi
I	130. 5	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	NTY 13c. CITY	ORTOWN	138 INSIDE CITY LIMITS?	13e STREET ADDRESS 9404 Merry	cost PD
-		ryland How	ard COL	umbia	YES NO NO NAME NAME NAME NAME NAME NAME NAME NAME		.esc III.
30			Gwynn	LAST	Leona	MIDDLE	Lineker LAST
T dedicol		VAS DECEASED EVER IN U.S. A		IAL SECURITY NO.	17. INFORMANT	ADDRESS	
	L.	No	194	30 1401	James L Gwynn	Box 328 R.	.D. #1 Belle Vernor
	CERTIFICATION	Conditions, if any, which gove rise to immediate cause 101, stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS CONTRIBUT	ING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	TION GIVEN IN PART 1(0)
1	TIFIC			-		YES NO	N CERTIFYING CAUSES OF DEATH?  YES NO
1	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		NTH DAY YEAR	21¢ HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR PART 2)
E I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER	P.M.	19			The state of the s
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE THOUGHT AT WORK	21e PLACE OF INJUR (AT HOME, STREET, FACTOR	Y, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
S mosked		22a.1 certify that (I) (this hosp			0/9 19 81	_, to	// 19_ <u>&amp;/</u> , that (1) (we) los
ltem 23		sow the deceased alive of above, (1) (we) (did) (did n	ot) view the body ofter dea	19 <u>8/</u>	and that in (my) (our) opinian o	death occurred on the date	ond haur and from the causes stated
=		226. SIGNATURE	Hearch	MA	DEGREE  ATTENDING PHYSICIAN	MEDICAL STAFF	22c DATE SIGNED
IMPORTANT: IF		FOR RIC	SHARD SMI		5999 HARP	CRS FARM RICH	21044
S	23a. I	BURIAL, CREMATION, REMOVA BURIAL	Oct 15'81		cemetery or crematory and Cemetery	23d. LOCATION CITY OR TOWN Califor	nia Pennsylvania
/76	24. F	uneral director rry H Witzke 41	12 Columbia	Rd Ellic	ott City 250 DATE	T 1 3 1981	pegistrar signator athen

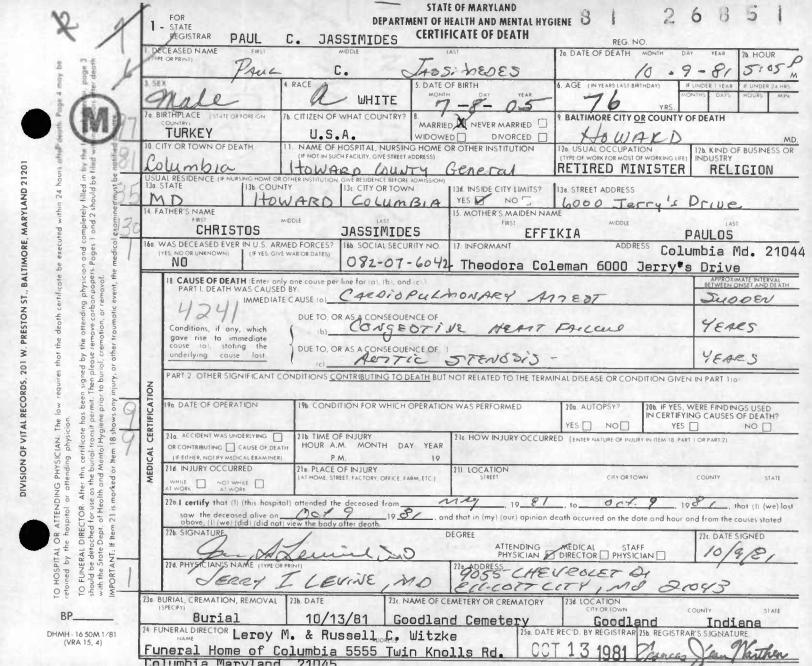
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-6	1.	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTA  CERTIFICATE OF DEATH	
may be page 3	1 DE (TYPE	CEASED NAME FIRST HELEM		20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 10 16 81 11.15 pm
4 6	3 36	F	Cauc Date of Birth	MONTHS DAYS HOURS MIN.
ne of direction 72 hours	C C	RTHPLACE (STATE OR FOREIGN OUNTRY) ennsylvania	76 CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED WIDOWED DIVORCE	BALTIMORE CITY OR COUNTY OF DEATH
by the fulled with		Columbia	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION FOR NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	IZE USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ING LIFE) INDUSTRY HOUSEWITE
by filled in should be should be	130	PA U	ROTHER INSTITUTION, GIVE RESIDENCE BÉFORE ADMISSION   13d INSIDE CITY LIM  SA GOLOS DULO YES ON O	507 HARVEY ST.
3 90 6		late Michael	Young Last Late Ke	
on and camp S. Pages I an		VAS DECEASED EVER IN U.S. AR		
equires that the death certificate in signed by the attending physici. Then please remave carbon paper rio burial, cremation, or remaval. injury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse (01, stating the underlying couse lost	DIE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	Facture  Facture  Harring  Metadases  E TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
an. has bee t permit ene pria	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
HYSICIAN: The ading physicic p	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEL (IF EITHER NOTHY MEDICAL EXAMINER)  214. INJURY OCCURRED	ATH HOUR A.M. MONTH DAY YEAR  P.M. 19  210 PLACE OF INJURY 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART T OR PART 2)
VDING PP  I ar atter th  use as the leo!th and s marked a	ME	WHILE NOT WHILE AT WORK  22a   certify that (I) (this haspi	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  (tol) ottended the deceased from	CITY OR TOWN COUNTY STATE    10   10 - 16   19   19   19   19   19   19   19
y the hospito y the hospito Ral DIRECTO defoched for rote Dept of h		sow the deceased plive probave, (I) (we) (did) (did no	ond that in (my) (our) on the body ofter death.  DEGREE  M. D. ATTEND PHYSIC	
TO HOSPITAL etoined by the TO FUNERAL should be deto with the State IMPORTANT:		A- SC	PRINT)  220 ADDRESS  LAMA  Grin	of Md Hajetal
BP	1	BURIAL, CREMATION, REMOVAL BURIAL BURIAL	Oct. 19, 1981 Westmoreland (	Co. Mem. Pk Westmoreland,
DHMH-16 20M (VRA 15, 4) 7/7B	Ha Ha	UNERAL DIRECTOR NAME TY H Witzke 41	12 Columbia Rd Ellicott City	OCT 1 9 1981

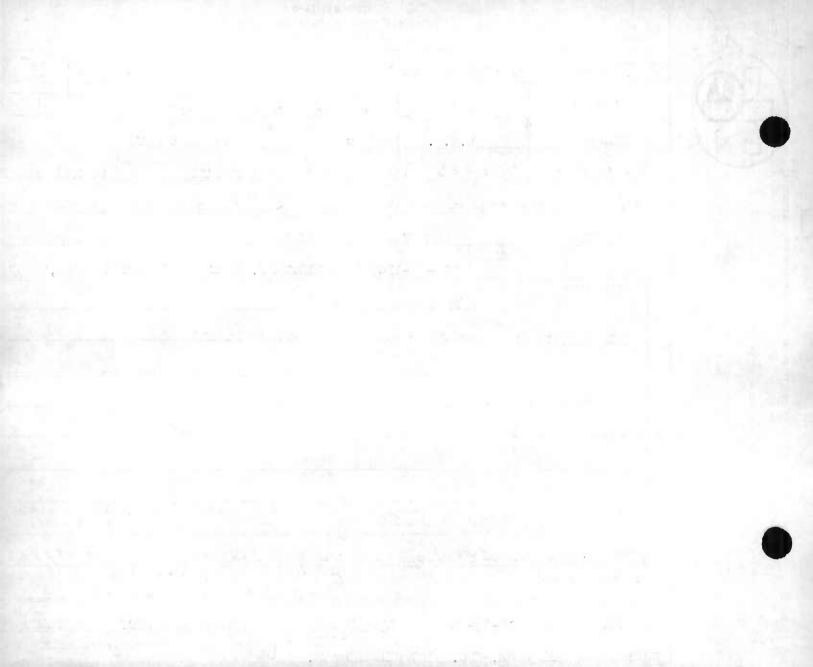


MEDICAL EXAMINER'S CERTIFICATE OF DEATH  REGISTRAR    DATE REGISTRAR   DATE REGISTRAR   MODEL   LOST   MODEL   LOST   MODEL	1
LOST   ROOM   MANNE	
William M. Hesson, Sr. DEATH MATED EXX 10 7 19 81  B. SEX 4. RACE S. DATE OF BIRTH  Male White 12 31 20 60 Yes.  Male White 12 31 20 60 Yes.  Male White 12 31 20 60 Yes.  Market Country?  Maryland  USA  MARRIED NORCE (STATE OF BUILDING 24 HRS.) 72 DATE OF BUILDING 24 HRS.) 74 DATE OF BUILDING 24 HRS. 74 DATE OF BUILDING 24 DATE OF BUILD	b HOUR
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10 CITY OR TOWN OF DEATH Elicott City 3374-K N. Chatham Road	MD
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WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY	STATE
220 1 certify that I took charge of the remains described above, rest on X topsy X, Inspection , Inquiry , and in my apinion	
220 Certify that I took charge of the remains described above, next and in My apinian death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
TITLE (SPECIFY)	
ACTUAL SIGNATURE DIAGNAL ASSISTANT MEDICAL EXAMINER SIGNED 10-9-8	
SIGNATURE MEDICAL EXAMINER SIGNED	
EXAMINER'S NAME Virginia L. Dolan, M.D. ADDRESS 111 Penn Street	
236. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION COUNTY STA	
Burial   10/12/81   Meadowridge Cemetery   Dorsey   AA Mary	
DHAM 17 24 FUNERAL DIRECTOR Witzke, P. A.	11.10
(VRAIS ME (5)) 1630 Edmondson Avenue Catonsville, Md. 21228 OCT 13 1981 Chances	NO

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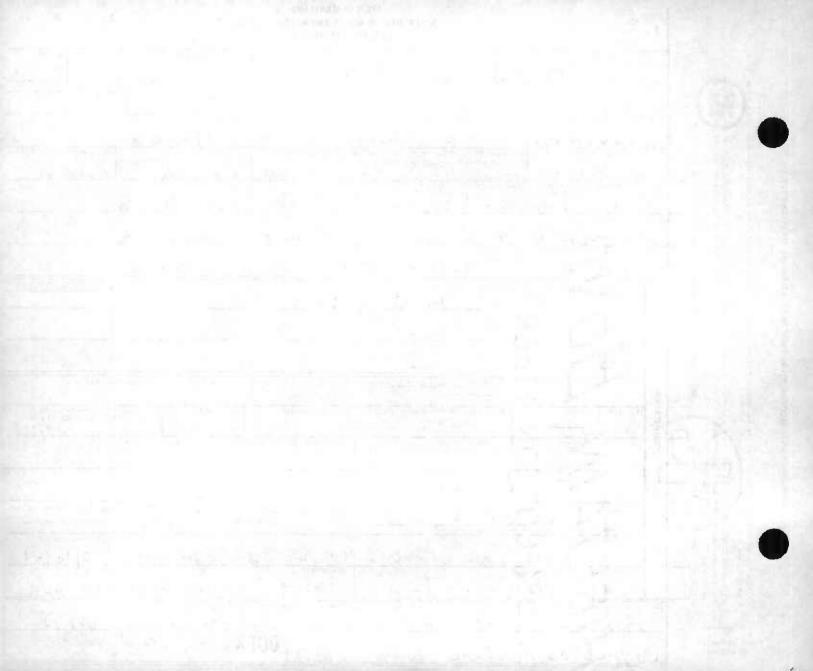


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s. 4 c		22a. I certify that (1) (this hasp sow the deceased alive or above, (1) (we) (did) (did no	10-30	19 81 0	nd that in (my) (our) opinion	death occurred on the d	ote and hour o		hot (I) (we) lo ouses stated
FUNERAL DIRECTO uld be detached for the State Dept. of b ORTANT: If Item 21		20000000	W MD.		DEGREE ATTENDING PHYSICIAN [	MEDICAL STA		10/3/	SIGNED
6 출 출		DOROTHY A.	SNOW			Greene St	· Ball	+ Md.	2120
3 ≤	230. B	URIAL, CREMATION, REMOVAL	23b. DATE 11/3/81		EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	-	OUNTY	STATE
W 1/76		Burial NERAL DIRECTOR NAME CK Funeral Hom		ADDRESS	MU		MANUAL E		

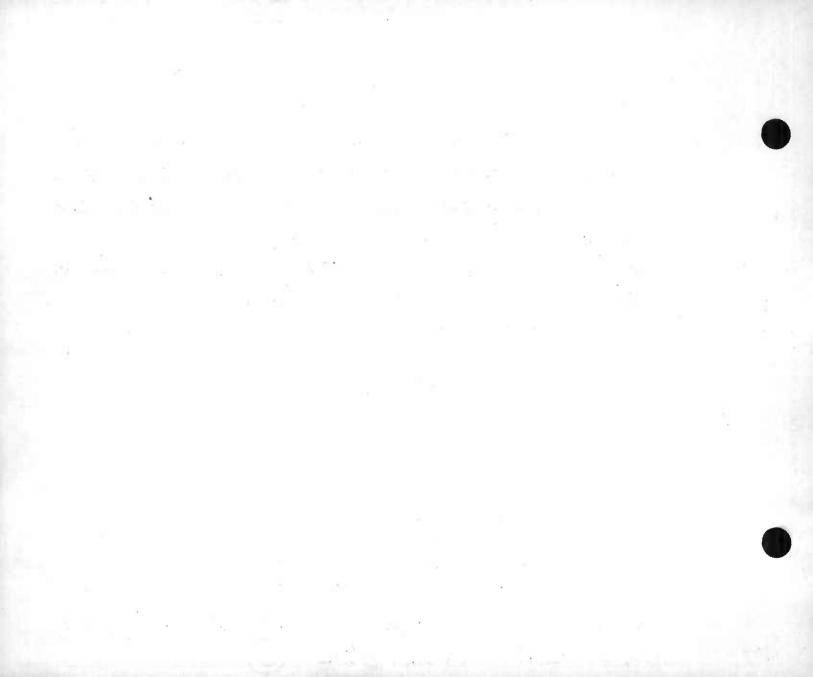
STATE OF MARYLAND

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X	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8	2 6 8 5 4
4 to	1. DE	CEASED NAME FIRST LEON	and LERDY	McCrossin	20. DATE OF DEATH MON	16 81 5:38pm
(M)	3. SE	× Male	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 5 12 03	6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
of and	15 70. B	IRTHPLACE STATE OR FOREIGN OUNTRY) ARYLAND	76, CITIZEN OF WHAT COUNTRY  USA	WIDOWED DIVORCED	BALTIMORE CITY OR CO	rd MD.
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DINISION OF DING PHYSICIA or ottending p After this certif se as the burnol- colth and Mental marked as them	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDI pitol a CIOR: A far use of Heal 21 is m		saw the deceased alive ar	ital) attended the deceased from		an death accurred on the date	ond haur and fram the causes stoted
O HOSPITAL OR A etained by the has TO FUNERAL DIRECT shauld be detached with the State Dept.		226. SIGNATURE	( ). ( )	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	
TO HOSPITAL (retained by the TO FUNERAL Is should be determined by the State [MayPORTANT: #	1	Linda W.	Chen-Ts.	an 10209	L-CHING CI	ine Maryland
BP		BURIAL, CREMATION, REMOVAL	23b. DATE 0ct 19, 1981	OCITYICLE	23d. LOCATION CONFORTOWN  CONFORTOWN  CONF	CCE STATE
DHMH - 16 50M 1/76 (VR A 15 (4) )	L	UNERAL DIRECTOR NAME NAME NAME NAME NAME NAME NAME NAME	-UNERAL HO	ME MD	CT 2 3 1981	and James



	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 1	26855
noy be poge 3		CEASED NAME FRST	L.	MorriLL	20. DATE OF DEATH MONTH	13 81 950 FN
Page 4 may director, pag nours after de	3. SE	Female	White	5. DATE OF BIRTH  MONTH  DAY  YEAR  YEAR	6 AGE (IN YEARS LAST BIRTHDAY)  92  YRS	MONTHS DAYS HOURS MIN
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rifficate be executed a physician and components. Poges 1 or emoval	160	WAS DECEMED EVER IN U.S. ARME THE OWN) IF YES, GIVE WA	AR OR DATES) 214 40	1812 MARTHA	Smith - Syle	esville, Md.
requires that the death certificate in signed by the attending physical Then please remayes carbon paper in the burial, cremotion, or removal injury, or other traumatic event, th	NO	Conditions, if ony, which gove rise to immediate couse io's stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUI	WIAKE UT	MINAL DISEASE OR CONDITION C	GIVEN IN PART 1101
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TTEN pitol TTOR: for us of He		22a I certify that (I) (this haspital) saw the deceased alive on obove, (I) (we) (did) (did not) v	10/13 19	0	deoth occurred on the date and h	
) 4: 0 0 0 =		228 SIGNATURE  228 PHYSICIAN SNAME (TYPEORER	Dowl	DEGREE  ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	10 /1B/S
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BP	L	Burisl	10-16-81 Z	name of cemetery or crematory	23d LOCATION CITY TOWN	COUNTY STATE
DHMH-16 20M (VRA 15, 4) 7/7B		HOLEY W. HOISH	It Sugarist	M. Md. 250 049	Par Gobalda SA	ELPABS CIGNATURE



2	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENS  1 - STATE REGISTRAR  MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										Ö			
	I. DECEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN W MONTH  (TYPE OF PRINT)  OF EST L.									NTH DAY	YEAR	76 HOUR		
<b>海水田東</b>	Christopher Rempp							1	DEATH MATE	D	0 8	19 81	M	
THE SECOND SECON	3. SEX	lale		March 29	NTH DAY YEAR LAST BIRTHIN AVI				MON	O 8	19 81	11:20		
PRESTO	₹a. Bi	RTHPLACE (ST REIGN COUNTRY)	ATE OR	76. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH							10. M			
S WING						WIDOV				ard Co		•	MD.	
A SHEET S		Col umb i	a /	Howard Co	PITAL, NURSING HOME LLITY, GIVE STREET ADDRESS) OUNTY GENER	al H	lospital	120. USUA FOR MC	AL OCCUPATION OST OF WORKING LIFE	Y (TYPE OF WO	DRK 12b K	OR INDUSTR		
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575) 3/		THER'S NAME Frederi	ck J Remp	NIDDLE LAST			15. MOTHER'S MAIDEN NAME Carol G. Gales					LAST		
ON ON	16a. V (Yi	WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 166. SOCIAL SECURITY NO. 218 62 0432 M's Carol								8 Del:	rey A	Ave.,	21228	
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  HYPOXIC Encephal opathy							BE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
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EXAMINER EXAMINER SIAL - TRANS D MENTAL H ON, OR REM	-		s, if any, which to immediate	(b) S	tatus Epile	ptic	us							
3 SHOULD BE USED AS A BURIAL - TRANSIT P DEPARTMENT OF HEAITH AND MENTAL HYG I PRIOR TO BURIAL, CREMATION, OR REMOV			stating the under-	DUE TO, OR A	AS A CONSEQUENCE (	)F								
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AL, CR	MEDICAL CERTIFICATION	190. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?							20 AUTOPSY?			
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OR TO	CALCE	UNDERLYING		HOUR A.M.	MONTH DAY YEAR		OW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY IN IT	FEM 18 PART I C	DR PART 2)			
120 I	MEDI	21d. INJURY O WHILE AT WORK	CCURRED NOT WHILE AT WORK	21e PLACE O STREET, FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)		CATION STREET INKNOWN		CITY OR TOWN		COUNTY		STATE	
TO FUNERAL DIRECTOR: PAGE 3 S AFTER DEATH, WITH THE STATE DEP BALTIMORE, MARYLAND, 21201 PR		22a. I certif death resulte			ribed abave, held an	Autop	nspect, Inspect		Inquiry ,	and in m	y apinian			
RAL DIR ATH, WI RE, MAR		ACTUAL SIGNATURE WAGNES ASSISTANT MEDICAL EXAMINER SIGNED								ATE GNED	10-9-	31		
TER DE		EXAMINER'S I	NAME Vir	rginia L.	Dolan, M.D		THE STREET		nn Stree	et				
E E E E	(5	JRIAL, CREMAT PECIFY) Cematio	ION, REMOVAL 23	ct. 9, 19	230 NAME OF CEA		emorial P	23d. LOC City OR	ation Catonsvi	110	COUNTY	ST.	ATÉ	
NH - 17 5 ME (5))	24 FU	JNERAL DIREC	TOR		biaRd Ellic		250. DAT		EGISTRAR 25h				in	
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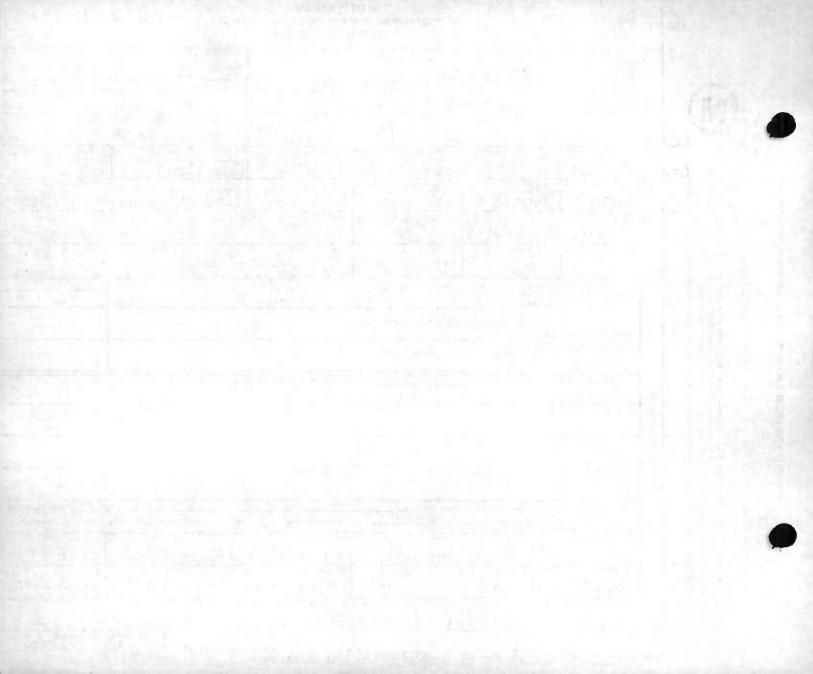
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Catonsville, Md.

FOR

STATE OF MARYLAND



ECKLANZEL FYMERAL HOWSE, THE. HOUREL, MD. 20949

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

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1X	STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	0 0 0 1
1. (death	DECEASED NAME FIRSTALL TYPE OR PRINT)  AFTER	fred MIDDLE	Wellmer Wellmer	20 DATE OF DEATH MONTH	7 8/ 2:50 A
3	M (Male)	(White)	5. DATE OF BIRTH  MONTH DAY YEAR  11 25 12	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUNT	TRY? 8.  MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY OR COUN Howard	County MD
by the filled with	Columbia	11. NAME OF HOSPITAL, NU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Motel Manager	17h KIND OF BUSINESS OR
avid be		OTHER INSTITUTION GIVE RESIDENCE !	BEFORE MOMISSION)	13e STREET ADDRESS	Lane
1830	FATHER'S NAME FIRST  Alfred	Wellmer Vast	15. MOTHER'S MAIDEN NAM FIRST Margaret	ME MIDDLE	Monaghon
e medii	WAS DECEASED EVER IN U.S. AR/ (YES, NO OR UNKNOWN)  (IF YES, GIVE	MED FORCES? 166 SOCIALS E WAR OR DATES) 212 - 0	59-35-80 Edna Brown	Same as #13	
event, #	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSED IMMEDIATION	D BY	enter Fibrillation	,4	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
traumatic	Conditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSI	Mossing my order	i wfaretim	Monts
ar ather	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	of arlen dise.	re	Yearn -
any injury.	PART 2 OTHER SIGNIFICANT C	n edenn;	TO DEATH BUT NOT RELATED TO THE TERM  Properties System  HICH OPERATION WAS PERFORMED	ser	
shaws	21a. ACCIDENT WAS UNDERLYING			YES NO NO IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES NO
ed or Hem 18	00.00.00.00.00.00.00	TH HOUR A.M. MONTH	DAY YEAR  19  216 LOCATION	PED (ENTER NATURE OF INJURY IN ITEM 18	PART   OR PART ?)
norked o	AT WORK AT WORK	(AT HOME, STREET, FACTORY OF	CICE, FARM, ETC.) STREET	CITY OR TOWN	COUNTY STATE
at of Hea		ol) attended the deceased fro	g, and that in (my) (our) opinion o	, to	-
State Dep	The SIGNAPORE	Krem, m	2,2311 S.30(1) D.1 (N	MEDICAL STAFF	10/15/8 /
APORT	774 PHYSICIAN'S NAME ITHING		22e ADDRESS		
	Burial Burial	10/19/81	IN NAME OF CEMETERY OR CREMATORY  Crestlaun	Marriottsvill	Le Howard Md
(1/81 ()	FUNERAL DIRECTOR Witzks, 1630 Edmondson Av	P.A. Catons	DC.	REC D BY REGISTRAP 235 REGE	STREET SIGNAPLY TORK

STATE OF MARYLAND

AND THE RESERVE OF THE PARTY OF Sept 1 Fig. Sept and a separate of a september 1981 of the september 1981

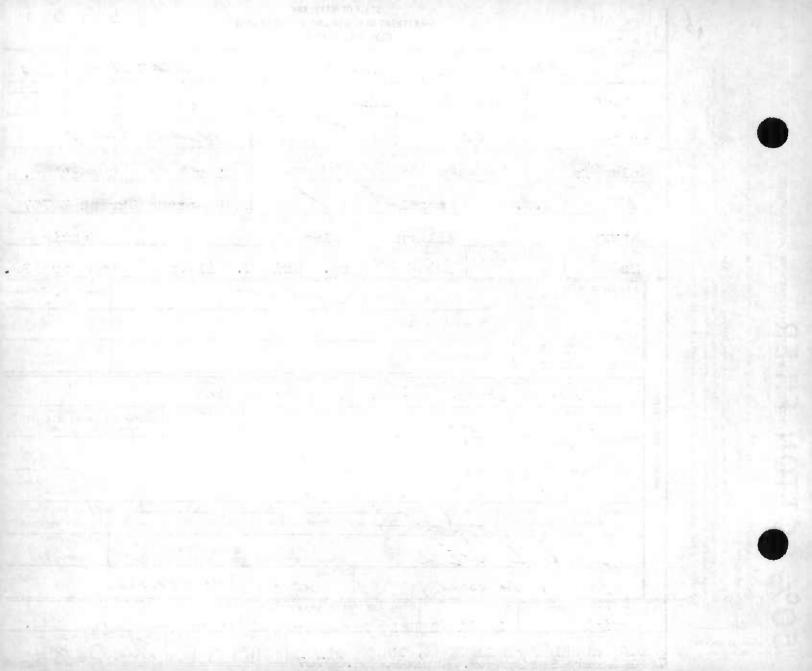
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1		1-	STATE REGISTRAR				EXAMIN				45	THE STATE OF	dis	0 67		Ulrea	
h			CEASED NAM	E FIRST	77166	WIDDIE			AST	CAILO	20	KE	EG. NO.	NTH DAY	YEAR	26 HOUR	
0	W ~ . 6 93 L	[ TYP	E OR PRINT)	Domothus	C1	ara		Wild	lancar	2		OF EST	LXX			1000	
	PLEASE ECTOR. R FILES. HOURS STREET,	3. SE)	(	Dorothy 4. RACE	5 DATE OF BIRTH		derson DEATH MATED 10  NDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH						7.19 81 YEAR	2d HOUF			
	STATE	f	emale	white	06 17	YEAR 22	LAST BIRTHDA	Y) MONTHS	DAYS	HOURS		RONOUNCED	10	22	19 8]	12:4	
	3 J. m. m.	7u. BI	RTHPLACE (S		76 CITIZEN OF WH			1	D FT NE	/ED AA A DDII	ED [ 9	BALTIMORE (			DEATH	- Hadi	
	STATE OF THE PARTY		laryland	đ	U.S.A. WIDOWED DIVORCED HOWARD CO							untv		MC			
	SHABO		TY OR TOWN		11. NAME OF HOSPITAL, NURSING HOME, OR OTHER					ER INSTITUTION 124 USUAL OCCUPATION   TYPE OF WORK FOR MOST OF WORKING LIFE)					IND OF BU	SINESS	
	PA PA PA		olumbi			5876 Stevens Forest I			Road Homemaker								
201	O LAND	USUA 13a. S		(IF IN NURSING HOME OR			OR TOWN		13d. INSIDE CI	ITY LIMITS?	13e STREE	T ADDRESS					
.21	F ANY C AND 3 F RETAIN SHOULD L RECORD		ryland	Howa	ard		YES NO 2 312 Copperstone C:					Circ	ircle, 21046				
A S	70005	14. FA	ATHER'S NAME		MIDDLE		LAST		IS. MOTHE	R'S MAIDE	N NAME	MIDDLE			LAST		
ORE,	AND		Antho				otinek		Mary						Yanda		
TIM	FORM CONDITION OF THE PROPERTY	16a. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. ARM		7 44 3	IAL SECURITY		17. INFORM				DRESSAnd				
BAL	S AF GIV TH PAC		No				-22-43	93	Thoma	as A.	Slave	otinek	<u> 3855-2</u>				
T.	N 24 HOUR N ITEM 18. ALONG W SIT PERMIT. 17 GIENE, DI		18. CAUSE C	F DEATH (Enter only EATH WAS CAUSED	one cause per line far (a), (b), and (c).) Y: CALISE (a) Arteriosclerotic cardiovascular disease								BEI	APPROXIMATE TWEEN ONSET	TAND DEATH		
NO	ZA H TEM ONC SIEN VAL,	н	1100	IMMEDIATE	CAUSE (a)				card	iovasc	cular	arsease	<u>e</u>			MI	
EST	ANO HYC		Conditio	ns, It any, which	DUE TO, OR	AS A CON	ISEQUENCE C	)F						8			
. P	WITH NCII NEI NEA NTAL	-	gove ri	se to immediate ) stating the under-	(b)	15 1 551											
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120	JUD BE EXECUTED WITHIN 24 HOU. "PENDING" IN PENCIL IN ITEM 18 F MEDICAL EXAMINER ALONG F DASA BURIAL - TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, IL, CREMATION, OR REMOVAL		lying cou		DUE TO, OR	AS A CON	SEQUENCE C	OF.						01 10			
3,2	S. I. E. S. I. I. S. I. S. I. I. S.		PART 2 OTHER S	GNIFICANT CONDITIONS CO	ONTRIBUTING TO OF ATIN O	A 120 TOW THE	TEO TO THE TERM	NAL DICEASE	OR CONDITION	U CINEN IN BAS	NY 1						
ORC	D BE EXE ENDING MEDICA AS A BU EALTH AL	N			SALES OF SEATH	OT HOT KEEK	TEO TO THE TERMS	MAL DISCASE	OK CONDITION	N OFFEN IN PAR	1110						
RE	- CEAL	CERTIFICATION	190 DATE OF	OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?								20	AUTOPSY?	2		
ITAL	CERTIFICATE SHOULD BE E TING THE WORD "FENDIN TED TO THE CHIEF MEDIC 3 SHOULD BE USED AS A DEPARTMENT OF HEALTH I PRIOR TO BURIAL, CREM	IFIC	6.6											YES XX	№ П		
J-V	ICATE SHOUTHE WORD THE WORD THE CHIE	CERT		AL CAUSE WAS	216 TIME OF		DAY YEAR	21c. HO	W INJURY	W INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)							
NO	STHE STHE HOUL ARTA		UNDERLYING CONTRIBUTI	OR OR OF D			19	13.8									
VISK	SSE SE PRE	MEDICAL	21d INJURY	OCCURRED	21e PLACE C			21f LOC	ATION		THE STATE OF	CITY OR TOWN		COUNTY		STATE	
۵	THIS CER WARDED WARDED PAGE 3 S STATE DEF 21201 PR	3	AT WORK	NOT WHILE AT WORK								CIT OK 10 WIT		000111		JIAIL	
	ATE, ORW, ORE P.		110	fy that I took charge	of the remains desc	ribed obo	ve, held on	Autops	XXXX	Inspection		Inquiry .	ond in m	y opinion	X. III		
	MERCH STAN		death result	ed from: Natyro	Layres XXX	Accident	, Sui	cide .	Homic			mined manner					
	CERT JID B DIRE WARY			11/	7				TITLE (S	PECIFY)							
	CAL THE CHILD SHOULD ATH, ATH, ACT.		ACTUAL SIGNATURE	1/4	DAR	W	-	M.I	D. Assi	stant	MEDIC	ALEXAMINER	D A S K	ate Gned	10/23	2/81	
	NNE S	5	EXAMINER'S	NAME	0000												
	TO MEDICAL EXAMINER: THIS CE EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F		(TYPE OR PRI	NT)	lormez R.		d.M.D.		DDRESS_	111	Penn		Balto	MD	2120		
	<b>FDSF49</b>	23a.B	URIAL, CREMA	TION, REMOVAL 23			NAME OF CEN				23d. LOC CITY OF	ATION		COUNTY	ST	ATE	
	BP		urial		10-26-81	Me	adowri			Pk.			Howard		rylan	d	
	DHMH - 17	-	NAME		ADDRESS			2122	29	ONT		1981	REGISTRAR	SIGNA	74		
	(VR A15 ME (5))	Hu	bbard	Funeral Ho	ome, Inc.	4107	Wilke	ns Ay	ze.	UUI	60	1001	issue	felon /	arthon		

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	23	1.	FOR STATE REGISTRAR			DE	PARTMENT OF	E OF MARYLAN HEALTH AND ME FICATE OF DE	ENTAL HYGI	ENE 8   REG. N	2.	6 8	5 3
	oy be oge 3 deoth	(TYPE		EAR	YOUD	ba badin		ILSON .		26. DATE OF DEATH		DAY YEAR	ZA. M
	e office p	3. SE	MORE		4 RACE WH		5. DATE	H DAY	9Z	6 AGE (IN YEARS LAST BIRT	YRS	MONTHS DAYS	The state of the s
	deoth Page	Ma	RTHPLACE (STATE OR FO OUNTRY) aryland		76 CITIZEN OF	5.	MARRIE	ED DIVO	DRCED	BALTIMORE CITY O	COUNTY	OF DEATH	MD
201	by the filled with	,6	olumbia		(IF NOT MYSUC	UNCO	Court	CENERAL CONTRACTOR		126 USUAL OCCUPATION OF WORK FOR WOST OF CLERK		E) INDUSTR)	of BUSINESS OR
MARYLAND 21201	filled in though be in the filled in though be	130 5	AL RESIDENCE (IF NURS	P.C	11A	131 CATY O	E BEFORE ADMISSION	13d INSIDE CITY	Y LIMITS?	13e STREET ADDRESS L009-Mart	on-Si	treét	20707
MARYL	ompletely ond 2 sh	14. FA	Haury		MIDDLE	Wil	sona	Elma Elma	MAIDEN NAM	MIDDLE		Mai	rtin
BALTIMORE,	Poges,		VAS DECEASED EVER YES, NO OR UNKNOWN)		MED FORCES? E WAR OR DATES)	215	10 6783	17 INFORMAN' Mrs. Ma		ADDRE C. Wilson			as 13e.
W. PRESTON ST., of the death certifin by the ottending phy creenove corbang creenlian, or remainshiber transmost ever	es that the death cerred by the attending please remove corbouriel, cremation, or re, or other traumatic e, or other traumatic e.	NC	PART 2. OTHER SIGN	which nediate g the last	D BY  TE CAUSE (a)  DUE TO, O  (b)  DUE TO, OI  (c)  CONDITIONS CC	R AS A CON	SEQUENCE OF	NOT RELATED TO	O THE TERMIN	NAL DISEASE OR CON	DITION GIV		NAMATE INTERVAL NOMSET AND DEATH
AL RECOR	ow reprior	CERTIFICATION	19n DATE OF OPERAT	1	/	VA	,	N WAS PERFORM		78s AUTOPSY?	IN CERTIF	WERE FIND YING CAUSE S	
DIVISION OF VITAL RECORDS, 201	HYSICIAN: riding physics certificate buriol-tro I Mentol H; or them 18	MEDICAL CE	214 NOURY OCCURR	AUTE OF DEA	21s PLACE	M. OF INJURY	DAY YEAR 19	TH. LOCATION	RY OCCURRE	CITY OR TOW		COUNTY COUNTY	state
la	ALOR ATTENDING P the hospital or atternal ALDIRECTOR: Afternal etoched for use as the te Dept. of Health and it if hem 21 is marked		17s.1 certify that (I) saw the decease above, (I) (was a 27s. SKGNATUS	(this house	100	-29)	A 150.1	DEGREE	ENDING	noth occurred on the do		ond from the	
	TO HOSPITAL Cretoined by the TO FUNERAL D should be detoc with the Store D IMPORTANT: If			ED.	BEHOU	NEK	H.O.	22e ADDRESS	bupap	Court G		n	7"
1/0	BP	(5	Burial  Burial  JNERAL DIRECTOR	REMOVAL		1/81		edeemer		23d. LOCATION CITY OR TOWN  Baltimo REC'D. BY REGISTRAR	re	City	Md.
	DHMH - 16 50M 1/76 (VR A 15 (4) )	FLE	ECK LAURE	L FU	NERAL	HOME	INC	20707	01	CT 3 0 1981	The	en Qu	Mastle



12		1.	FOR STATE		D	EPARTME	STATE OF A	MARYLAND I AND MENTAL H	IYGIENE	2	6 8	6	
1			REGISTRAR		WED	ICAL EX	AMINER'S	CERTIFICATE C	F DEATH	REG. NO.			
		1. DE	CEASED NAME	FIRST		WIDDLE		LAST	20 DATE KN		MONTH DA		2b. HOUR
	교육적 등 다		,	ROY	Pa	aul	WOL	F	DEATH M	ESII.	10-13-	-81	M
	<b>多いまる語</b>	3. SEX	4. RAC	Œ	5. DATE OF BIRTH		GE (IN YEARS IF UN	DER I YR. IF UNDER			MONTH DA		24 HOUR
	Z2563		male	white	April 2		30 YRS.	HS DAYS HOURS	MIN. PRONOUNCE DEAD	:D	10-13-	-8,1	9:50
	STATE OF	70. B	RTHPLACE (STATE OR		76. CITIZEN OF WH		? 8 MARR	ED NEVER MARR	P BALTIMOR	RE CITY OR	COUNTY OF	FDEATH	
	SECTION		Texas		USA		WIDOW	ED DIVORO	ED   Howard	Count	Ty		MD
	AY IS THEF	ID. C	TY OR TOWN OF DE	ATH	NAME OF HOSE		G HOME, OR OTH	ER INSTITUTION	120 USUAL OCCUPAT	TION (TYPE OF	FWORK 12h	KIND OF BU	SINESS
			Columbia	/	Howard	Co., G	eneral Ho	ospital	Studer			Schoo	
5	ANY DEL		L RESIDENCE (IF IN NU	OME O	R OTHER INSTITUTION, GIVE	13c. CITY OR		113d INSIDE CITY LIMITS?	13e STREET ADDRESS				6.5
MD. 2120	S S S S S S S S S S S S S S S S S S S		irginia	1	airfax		Church	YES NO X	3108 Wort		on Cir	cle	
g.	A 2882		ATHER'S NAME		MIDDLE			15. MOTHER'S MAIDE					
E.	\$10233/28		Duquesne		A.	We	olf.	Ellen	MIDD	TE	S	chotz	
BALTIMORE,	NO NO	16a. V	VAS DECEASED EVER		AED FORCES?	166. SOCIAL	SECURITY NO.	17 INFORMANT Father - D	A 11-16	ADDRESS			
ALT	S GIVE PA WITH FOR DIVISION		No	(IF YES, GIVE V	WAR OR DATES)	224-	76-8152		hington Cir	cle F	.C. Va	2200	44
80		3	18. CAUSE OF DEAT	TH (Enter anl	y one couse per line !	or (a), (b), an	d (c).)	TO HOLE	THE SOLE VAL	010,1		APPROXIMATE ETWEEN ONSET	INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	ULD BE EXECUTED WITHIN 24 HOW PENDING" IN PENCIL IN ITEM 11 FENDING FOR A MEDING FEMILY PERMISE ALLY BENDING FOR THE MEATH AND MENTAL HYGIENE, ILL CREMATION, OR REMOVAL	18	PART I DEATH W	VAS CAUSED	BY: E CAUSE (a)	4.4	nging				88	TWEEN ONSET	ANU DEATH
ors	A 24 HO A ITEM I A LONG IT PERM YGIENE YGIENE		9530	BruneDini	DUE TO, OR	S A CONSEC	UENCE OF		-	276.114		TATUS	
2	ANS ALH REA		Conditions, if	ony, which	(b)						183		
*	JTED WITHI IN PENCIL I EXAMINER IAL - TRANS MENTAL H DN, OR REA		cause (o) stating	g the under-	DUE TO, OR	S A CONSEC	UENCE OF			- 33			
2	ON SEX		lying couse lost.		(c)						1.519		
SO.	A SE		PART 2 DINER SIGNIFICAN	IT CONDITIONS O	CONTRIBUTING TO DEATH B	IT NOT RELATED T	D THE TERMINAL DISEAS	E DR CONDITION GIVEN IN PA	RT 3 (a).				
8	PENDING" MEDICAL DAS A BUI REALTH AN CREMATI	NO.											
2	LECT NEW THE	CERTIFICATION	190. DATE OF OPER	ATION	196. CONDITI	ON FOR WHI	CH OPERATION W	'AS PERFORMED?			20	AUTOPSY?	
Į.	58 <u>2</u> 25	I I										YES	NO 🗆
9	RE THIS CERTIFICATE SHOULD BE USE WERN WORD "PEN REWARDED TO THE CHIEF MESS PAGE 3 SHOULD BE USED AS ESTATE DEPARTMENT OF HEAD DE, 21201 PRIOR TO BURIAL, CI	CER	210 EXTERNAL CAU		PRINCE AND THE PRINCE OF THE P	MONTH DA	V VEAD 21c. HO	OW INJURY OCCURRE	D (ENTER NATURE OF INJURY	IN ITEM 18 PAR	T T OR PART 2)	- **	
NO	SHOOF	3	UNDERLYING CONTRIBUTING	CAUSE OF D	DEATH 9:00PM	10-13	-81 st	ubject hand	ged self				
VIS	PRINCE PR	MEDICAL	21d. INJURY OCCUR		21e PLACE O	FINJURY (A	THOME, 21f. LO	CATION	CITY OR TOWN		-		
٥	WRI'S WRI'S ARP ARP 1201	3		WHILE S	hospi	tal	Tay	lor Manor H	losp. Colle	ge Ave	. EIL	icott	Cify,
	RE THE THE THE THE THE THE STATE OF THE STAT		22e Leastify that	Ltook charae	e of the remoins desc	ribed above I	seld an Auton	sy XX Inspectio	n . Inquiry .	7 and i	in my opinion	ytanu	
	L EXAMINER: E CERTIFICATE, OULD BE FORV. L DIRECTOR: H, WITH THE S' MARYLAND,		death resulted from			Accident	Suicide X		Undetermined mann		ii iiiy opiiioii		
	EXAMI CERTIFIC DID BE DIRECT WITH		1	VI		0/	A a solicide	TITLE (SPECIFY)	Onderermined main				
	ICAL EXA THE CER SHOULD ERAL DIR EATH, WI		ACTUAL SIGNATURE	HOING	sele the	ent 9	V 0	p Assistant	MEDICAL EXAMIN	ED	DATE 1	0-14-8	31
	NER THE			0	100	1			MEDICAL EXAMIN	LK	SIGINED		
	TO MEDIC EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO		(TYPE OR PRINT)	Ma	rgarita A	Korel	LMD	ADDRESS 111	Penn Stree	+		Really.	
	TO MEDICAL EXAM EXECUTE THE CERTI PAGE 4 SHOULD B TO FUNERAL DIRE AFIER DEATH, WITH BALTIMORE, MARY	23a. B	URIAL, CREMATION,	REMOVAL 2	B DATE		E OF CEMETERY O		238 LOCATION		COUNTY	7.2	ATE
	BP		Buria1		Oct. 16 8	1 Arli	ngton Nat	ional Ceme	tery Arlin	ngton	0031411	Va	•
	DHMH - 17	24. FI	NERAL DIRECTOR	7.70	ADDOSSS			25a. DATE	REC'D. BY REGISTRAR			ATURFILATE	Som
	(VR A15 ME (5))	De	maine Fund	eral H	lomes, Inc	. , Al	ex. Va. 2	2314	CT 2 6 198	Min	me J	1	
	15M 2/80												